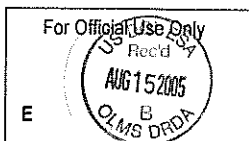


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6785</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Charles</u> <u>Johnson</u> P.O. Box, Bldg., Room No., if any Street <u>29061 SE Hwy 224</u> City <u>Eagle Creek</u> State <u>Oregon</u> ZIP Code + 4 <u>97022</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local 16</u> Labor Organization File Number <u>035-340</u> P.O. Box, Building and Room Number, if any Street <u>2379 NE 178th Ave Suite 16</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230-5957</u>
5. Position in labor organization. <u>Executive Board Memeber</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles H. Johnson

On

8-9-05

Date

503-637-5059

Telephone Number

Name of Person Filing <b>Charles Johnson</b>	File Number <b>U-</b>
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Sheet Metal Training Fund</b></p> <p>Trade Name, if any: <b>Trust</b></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>2379 NE 178th Ave</b></p> <p>City <b>Portland</b></p> <p>State <b>Oregon</b> ZIP Code + 4 <b>97230</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Income for Training Instructor</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><b>\$75,009</b></span></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Income reported on W-2 for work as a training instructor for year 2004.00</b></p> <hr/> <p>12.b. Amount. <span style="float: right;"><b>\$75,009</b></span></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Sheet Metal Air Conditioning National</b></p> <p>Trade Name, if any: <b>Association (SMACNA)</b></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>4380 SW Macadam Ave Suite 580</b></p> <p>City <b>Portland</b></p> <p>State <b>Oregon</b> ZIP Code + 4 <b>97201</b></p>	<p>14.a. Nature of payment.</p> <p><b>Christmas Party Dinner</b></p> <hr/> <p>14.b. Amount of payment. <span style="float: right;"><b>\$50</b></span></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing Charles Johnson

File Number U-

## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Sheet Metal Air Conditioning National

Trade Name, if any: Association (SMACNA)

P.O. Box, Bldg., Room No., if any

Street 4380 SW Macadam Ave

City Portland

State Oregon ZIP Code + 4 97201

14.a. Nature of payment.

Christmas Party Dinner

Tina Mataya- Wife of Charles Johnson

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$50

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Charles Johnson

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N Fairfax Street Suite #240

City Alexandria

State Virginia ZIP Code + 4 22314

## 11.a. Nature of such dealing.

Training and consulting for HVAC.

## 11.b. Approximate dollar value of such dealing.

\$3,371

## 12.a. Nature of interest held or income received.

Reimb Expenses for Training/Consulting	\$1691.00
Per Diem and Consulting Wages	\$1680.00

## 12.b. Amount.

\$3,371

Name of Person Filing Charles Johnson

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax Street Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

## 11.a. Nature of such dealing.

Curriculum Consulting Income

11.b. Approximate dollar value of such dealing.

\$1,440

## 12.a. Nature of interest held or income received.

Curriculum Consulting Income

12.b. Amount.

\$1,440

Name of Person Filing Charles Johnson

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N Fairfax Street Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Consulting/Training for Welding Instruction.

11.b. Approximate dollar value of such dealing.

\$3,631

12.a. Nature of interest held or income received.

Consulting Income/Per Diem For Welding Instruction  
\$1680.00

Consulting Expenses Reimb for Welding Instruction  
\$1951.00

12.b. Amount.

\$3,631

Name of Person Filing Charles Johnson

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax Street Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Consulting/Advanced Instructional Training.

11.b. Approximate dollar value of such dealing.

\$4,554

12.a. Nature of interest held or income received.

Advanced Instructional Training Consulting Income  
\$3060.00

Advanced Instructional Training Expenses Reimbursed  
\$1494.00

12.b. Amount.

\$4,554

Name of Person Filing Charles Johnson

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N Fairfax Street Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Filtration Training Seminar

11.b. Approximate dollar value of such dealing.

\$1,022

12.a. Nature of interest held or income received.

Filtration Training Reimb Expenses

Per Diem \$480.00

Reimb Expenses \$542.00

12.b. Amount.

\$1,022



Name of Person Filing Charles Johnson

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute for Sheet

Trade Name, if any: Metal and Air Conditioning Industry

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax Street Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

## 11.a. Nature of such dealing.

Professional Instructing/Consulting

11.b. Approximate dollar value of such dealing. \$1,020

## 12.a. Nature of interest held or income received.

Professtional Instructing/Consulting

Consulting Income	\$600.00
Per Diem	\$150.00
Reimbursed Expense	\$270.00

12.b. Amount. \$1,020